

**STATE OF UTAH  
UTAH SPORTS AUTHORITY  
PETE SUAZO UTAH ATHLETIC COMMISSION  
APPLICATION FOR LICENSURE**

**CONTESTANT**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Pete Suazo Athletic Commission (PSUAC) desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the PSUAC will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the PSUAC will be sent to that address. It is your responsibility to directly notify the PSUAC of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Annotated, which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**Supporting Documents and Fees:**

1. Submit a certificate verifying that you are HIV negative, dated not later than 180 days prior to the contest. (63C-11-317(1), Utah Code Annotated).
2. Submit a copy of your drivers license, passport, or birth certificate clearly indicating that you are 18 years of age or older. (63C-11-308(5)(a), Utah Code Annotated).
3. Submit the "Certificate of Physical Examination," dated not more than 60 days prior to the date of the application. (63C-11-308(5)(d), Utah Code Annotated).
4. Submit the \$25.00 non-refundable application processing fee for a contestant license. (63C-11-308(5)(c), Utah Code Annotated).
5. Submit an accurate history of all matches engaged in since becoming a contestant, including information on whether the applicant won or lost each contest, and the matches in which there was a knockout or technical knockout. (63C-11-308(5)(e), Utah Code Annotated).
6. Submit to the PSUAC written acknowledgement of receipt, understanding, and intent to comply with the laws and rules of unarmed combat in the State of Utah. (63C-11-308(5)(g), Utah Code Annotated).

**Additional Important Information:**

1. **Laws and Rules:** You are required to understand all Utah laws and rule pertaining to unarmed combat.

The following applicable laws and rules are available on the Internet at:

<http://www.rules.utah.gov/publicat/code/r859/r859.htm>.

<http://le.utah.gov/~code/TITLE63C/63C08.htm>

You may also purchase the applicable laws and rules for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- Pete Suazo Utah Athletic Commission Act (UCA, Title 63, Chapter 11)
- Pete Suazo Utah Athletic Commission Act Rules (R859)

2. **Age Requirement:** Applicants must be 18 years of age or older at the time of the contest to compete as a contestant. (UCA, 63C-11-308(5)(a)).
3. **License Renewal:** The Contestant License is for a two-year period and expires December 31 of the even year.
4. **Updating Address Information:** It is the licensee's responsibility to maintain a current address with the PSUAC. If your address is incorrect, you will not receive renewal notices or other correspondences.

**Make Licensure Fee Payable To:** PSUAC

**Mail Complete Application To:**

**By U.S. Mail**

Pete Suazo Utah Athletic Commission  
324 South State Street, Suite 500  
Salt Lake City, Utah 84111

**Telephone Number:** 801-538-8876

**Fax Number:** 801-538-8888

# APPLICATION FOR CONTESTANT LICENSE

## GENERAL INFORMATION

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION – FOR PSUAC USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**APPLICATION FOR:**

\_\_\_\_\_ **Contestant**

**LICENSES:**

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_

Profession: \_\_\_\_\_

License Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Profession: \_\_\_\_\_

License Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Profession: \_\_\_\_\_

License Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Profession: \_\_\_\_\_

License Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONTESTANT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. All blanks must be filled in.

1. \_\_\_\_\_ Have you ever applied for a license or received a license to practice in a licensed profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice in a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
3. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license to practice in a licensed profession while under investigation or while action was pending against you by any licensing agency, or criminal or administrative jurisdiction?
4. \_\_\_\_\_ Is any disciplinary action pending against you now by any licensing agency?
5. \_\_\_\_\_ Are you aware of any physical or mental condition that would prevent you from safely participating in boxing or any other unarmed combat, that has not been cleared by a physician?
6. \_\_\_\_\_ Within the last six months, have you used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substance Act?

**If you answer “Yes” to question 7 or 8 you must include with your application a copy of a police report, the court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past 10 years.**

7. \_\_\_\_\_ Have you ever been arrested for, or charged with, a misdemeanor or felony charge in any jurisdiction during the last 10 years?
8. \_\_\_\_\_ Have you ever plead guilty to, no contest to, or been convicted of a misdemeanor or a felony in any jurisdiction?

If you answered “Yes” to any of the above questions, please enclose with this application complete information with respect to all the circumstances and the final result, if such has been reached.

A “Yes” answer does not necessarily mean that you will not be granted a license; however, additional documentation may be required by the PSUAC if the information submitted is insufficient.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONTESTANT PHYSICAL EXAMINATION

**Note: The Contestant physical must be dated not more than 60 days prior to the date of the application for licensure, and be completed by a licensed physician and surgeon.**

## TO BE COMPLETED BY THE APPLICANT:

Name: \_\_\_\_\_ Ring Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Trainer/School: \_\_\_\_\_

## FIGHT HISTORY:

Number of Amateur Fights: W \_\_\_\_\_ L \_\_\_\_\_

Number of Professional Fights: W \_\_\_\_\_ L \_\_\_\_\_ Draw \_\_\_\_\_

Date of Most Recent Loss: \_\_\_\_\_

Number of Times You Have Been Knocked Out: \_\_\_\_\_

## TO BE COMPLETED BY THE PHYSICIAN:

Physician's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**UTAH SPORTS AUTHORITY**  
**PETE SUAZO ATHLETIC COMMISSION**

Name: \_\_\_\_\_ Ring Name: \_\_\_\_\_

APPLICANT'S MEDICAL HISTORY: Has the applicant ever had any of the following:  
(Answer "Yes" or "No")

_____ Swollen Joints	_____ Rheumatism	_____ Shortness of Breath
_____ Chronic Cough	_____ Spitting of Blood	_____ Fainting Spells
_____ Seizures	_____ Convulsions (fits)	_____ Corrected Vision
_____ Blurred Vision	_____ Dizzy Spells	_____ Pinched Nerve
_____ Head Injury	_____ Fatigue Easily	_____ Diabetes
_____ Rupture (Hernia)	_____ Bleeding Disorder	_____ Eye Injury
_____ Heart Murmurs	_____ Frequent Headaches	
_____ Treated for Mental Disease		

Previous Operations: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**PHYSICAL EXAMINATION:**

General Appearance \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Temperature \_\_\_\_\_

Face (scars) \_\_\_\_\_ Mouth \_\_\_\_\_ Teeth \_\_\_\_\_ Tonsils \_\_\_\_\_ Neck \_\_\_\_\_

Pulse at Rest \_\_\_\_\_ Blood Pressure at Rest \_\_\_\_\_

Ears \_\_\_\_\_ Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Abdomen \_\_\_\_\_

Nose \_\_\_\_\_ Hands \_\_\_\_\_ Skin \_\_\_\_\_ Neuro \_\_\_\_\_

Eyes \_\_\_\_\_ Enlarged Glands \_\_\_\_\_

Serology: HIV: \_\_\_\_\_ (Copy of original report required)

EKG (36 years or older): \_\_\_\_\_

Female Athletes: Days Since Last Menstrual Period: \_\_\_\_\_ Pregnant: Yes No Maybe

I have examined the above named subject and find him/her in

\_\_\_\_\_ **Satisfactory** \_\_\_\_\_ **Unsatisfactory** condition to participate and be licensed as a contestant. I hereby declare under penalty of perjury, that the foregoing history is true and correct. I realize that any misrepresentation in said history may result in disciplinary action.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **AFFIDAVIT AND RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting documentation is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting documentation is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the PSUAC in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the PSUAC or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the PSUAC, State of Utah, any files, records, or information of any type reasonably required for the PSUAC to properly evaluate my qualifications for licensure, certification, or registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_



## HIPAA AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, \_\_\_\_\_, authorize the Pete Suazo Utah Athletic  
(Printed Name of Contestant)

Commission (PSUAC) to release any of my medical information to the following:

\_\_\_\_ Any Physician in Utah: \_\_\_\_\_  
(List any exceptions)

\_\_\_\_ Any Emergency Medical Technician in Utah: \_\_\_\_\_  
(List any exceptions)

\_\_\_\_ Any Hospital in Utah: \_\_\_\_\_  
(List any exceptions)

\_\_\_\_ The Promoter: \_\_\_\_\_  
(Promoter's name)

\_\_\_\_ My Father: \_\_\_\_\_  
(Father's name)

\_\_\_\_ My Mother: \_\_\_\_\_  
(Mother's name)

\_\_\_\_ My Wife: \_\_\_\_\_  
(Wife's name)

\_\_\_\_ Any Athletic Commission that is a member of the Association of Boxing  
Commissions (ABC): \_\_\_\_\_  
(State in which Athletic Commission resides)

\_\_\_\_ Any Physician out of the State of Utah: \_\_\_\_\_  
(List any exceptions)

\_\_\_\_ Any Emergency Medical Technician out of the State of Utah: \_\_\_\_\_  
(List any exceptions)

\_\_\_\_ Any Hospital out of the State of Utah: \_\_\_\_\_  
(List any exceptions)

\_\_\_\_\_ Any other immediate family member (brother, sister, aunt, uncle, grandparent – **name and relation**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ The following people not otherwise listed: \_\_\_\_\_  
(List other people)

\_\_\_\_\_

**I understand that this “HIPAA Authorization to Release Medical Information” will remain in effect permanently. I also understand that I reserve the right to revoke the contents herein (Using Form PSUAC-20) at any time during the period this form is valid and complete a new form.**

\_\_\_\_\_  
(Contestant’s Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(PSUAC Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Contestant Representative)

\_\_\_\_\_  
(Date)

**STATE OF UTAH  
UTAH SPORTS AUTHORITY  
PETE SUAZO UTAH ATHLETIC COMMISSION (PSUAC)**

**WAIVER, HOLD HARMLESS AND RELEASE OF  
LIABILITY**

I \_\_\_\_\_, for myself, my heirs, successors, assigns, Agents hereby waive, hold harmless and release the Pete Suazo Utah Athletic Commission (PSUAC) and the State of Utah, its assigns, successors, enterprises, agents representatives and employees from any and all claims, losses, damages and/or causes of action I may have or will have which arise or could arise from any activity associated with organized boxing, kickboxing or MMA in the State of Utah as sanctioned by the Pete Suazo Utah Athletic Commission or by any third party and which may occur during my participation in the organized boxing, kickboxing or MMA activity in any capacity whatsoever.

I acknowledge that boxing, kickboxing and MMA is a dangerous activity and can result in property damage, or serious bodily injury or death. I voluntarily and knowingly accept the risk of participation and assume full responsibility for the risk of participation. I understand and agree that this **Waiver, Hold Harmless and Release of Liability Agreement** is for claims, losses, damages and/or causes of action that may accrue in the future, as well as for my known or unknown claims, losses, damages, and/or causes of action I may have at the time I sign this document.

I agree that in consideration for the participating in the boxing, kickboxing or MMA activity in any capacity whatsoever that this **Waiver, Hold Harmless and Release of Liability Agreement** shall and will be interpreted as broadly and inclusively as possible under any applicable law and if any part of it shall be deemed invalid, then the remaining portion shall continue to be in full force and effect.

I have read this document and state that no oral representations, statements, or inducements apart from this document have been made to me. I sign this **Waiver, Hold Harmless and Release of Liability Agreement** voluntarily and with full knowledge of its significance. **I also understand that this Waiver, Hold Harmless and Release of Liability will remain in effect until said agreement is revoked by me.**

Full name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_

**UTAH SPORTS AUTHORITY  
PETE SUAZO UTAH ATHLETIC COMMISSION**

**ACKNOWLEDGEMENT OF RECEIPT OF RULES/LAW**

By initialing in the box(es) below, I verify that I have read and understand the following:

☐

Pete Suazo Utah Athletic Commission Act - Utah Code Annotated (UCA),  
Title 63, Chapter 11 (**governing legislation**).

☐

Pete Suazo Utah Athletic Commission (PSUAC) Act **Rule** R859.

☐

Current **motions** of the Pete Suazo Utah Athletic Commission (as of the date below).

☐

Protocols.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**UTAH SPORTS AUTHORITY**  
**PETE SUAZO UTAH ATHLETIC COMMISSION**

**PROFESSIONAL STATUS ACKNOWLEDGEMENT**

I acknowledge that by participating in \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am no longer eligible to participate in any amateur mixed martial arts (MMA), kickboxing or no holds barred (NHB) events. I also acknowledge, from this date forward, that I can compete in any amateur boxing event. However, I understand that as soon as I compete for the **opportunity** to win money in boxing, I am no longer eligible to participate in **any** event sanctioned by USA Boxing (amateur boxing).

Participant's Name (Please Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Member or Designee's Signature

\_\_\_\_\_  
Date